SERIAL NO. FILING DATE APPLICANT(S) **CLAIMS ONLY** CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT AS FILED DEP. DEP. DEP. IND. DEP. IND. DEP. DEP. IND. TOTAL IND. Ţ TOTAL IND. _1 _1 TOTAL DEP. TOTAL DEP. TOTAL CLAIMS TOTAL

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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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